


ACCESS

BADGERCARE+

Express Enrollment



Express Enrollment for Partners and Providers

ACCESS

About Express Enrollment

- Presumptive or temporary eligibility for pregnant women will continue to be determined by certified medical providers using a new express enrollment tool.
- Under BadgerCare Plus, we are encouraging providers and community organizations to become certified to help with express enrollment of children using a special application on access.wi.gov.

Express Enrollment for Partners and Providers

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ACCESS for Partners and Providers

- Certified partners and providers will be able to conduct express enrollment for children under age 19 with family incomes at or below 150% of the federal poverty level (FPL) and for pregnant women with income at or below 300% of the FPL.
- Temporary enrollment will be from the date of determination through the last day of the following month.
- Certified partners and providers are encouraged to also assist clients in completing a full application for BadgerCare Plus using access.wi.gov.
- Certified partners and providers can begin using Access for express enrollment beginning January 14, 2008

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Certification Process for Provider/Organization

Providers currently certified to determine presumptive eligibility for pregnant women, will automatically receive their one-time use PIN to begin using the online tool for express enrollment of pregnant women.

In order for these same providers to begin using express enrollment for children, an application will need to be submitted.

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Certification Process for Provider/Organization

- For a provider or organization to become certified to conduct express enrollment, a designated security administrator must complete a paper application form and submit the form to the state certifying agency by mail or fax.
- Certification forms and information about BC+ are available on badgercareplus.org or by going directly to access.wi.gov/partners.
- Certification process should take about 2 weeks.

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<http://access.wi.gov/partners>

WISCONSIN

THIS WEBSITE SHOULD ONLY BE USED FOR TESTING AND TRAINING *** Wednesday October 24, 2007

Welcome Partners and Providers!

Partners/Providers

Click on the picture to enter the ACCESS for Partners and Providers application to assist pregnant women and/or children temporarily enroll in BadgerCare Plus.

Click [here](#) if you are a Wisconsin Medicaid provider interested in helping pregnant women temporarily enroll in BadgerCare Plus.

Click [here](#) if you are a community partner or Wisconsin Medicaid provider interested in helping children temporarily enroll in BadgerCare Plus.

Welcome Employers!

Employers

You can soon submit or update your health insurance information through the Employer Verification of Health Insurance self-service application.

Click [here](#) to fill out the Employer Verification of Health Insurance form using Adobe Portable Document Format (PDF).

Start Here

[Search Results](#) | [Privacy Policy](#) | [Downloadable User Guide](#)

To request certification for your organization to use the express enrollment tool, click on the link to get the certification form. This form should be printed and submitted by fax/mail.

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Certification Process for Provider/Organization *(continued)*

- Once the application has been submitted, the security administrator will receive a Partner/Provider ID within 7 days, followed by a personal identification number (PIN) in two separate mailings. S/he will be able to set up an account online at: access.wi.gov/partners.

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<http://access.wi.gov/partners>

Welcome Partners and Providers!

Click on the picture to enter the ACCESS for Partners and Providers application to assist pregnant women and/or children temporarily enroll in BadgerCare Plus.

Click here if you are a Wisconsin Medicaid provider interested in helping pregnant women temporarily enroll in BadgerCare Plus.

Click here if you are a community partner or Wisconsin Medicaid provider interested in helping children temporarily enroll in BadgerCare Plus.

Welcome Employees!

You can soon submit or update your health insurance information through the Employer Verification of Health Insurance self service application.

Click here to fill out the Employer Verification of Health Insurance form using Adobe Adobe Portable Document Format (PDF).

Click here to log in

[Search Help](#) | [Contact Us](#) | [Feedback](#) | [Download Us Here](#)

Express Enrollment for Partners and Providers

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Please log in

User ID

Password

WARNING: This system is for authorized users only; system access is monitored. By using this system you expressly consent to this monitoring. Unauthorized use of, or access to, this system may subject you to criminal prosecution and penalties.

[Forgot your password? Is your account expired? Click here](#)

[Request a Wisconsin User ID and Password](#)

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State of W I S C O N S I N

[Logout](#)
[Help](#)
[FAQ](#)

Self-Registration

Welcome to the State of Wisconsin's self-registration process. Self-Registration allows you to create your personal Wisconsin Login Account. This is your key to doing secure business with the State of Wisconsin over the Internet.

OVERVIEW

The self-registration process consists of two parts:

In the self-registration, the Security Administrator will need to choose a user ID and password. This is unique to the user and is different than the organization's Partner/Provider ID and PIN.

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Account Information

Your User ID must be between 5-20 characters and **CAN** be a combination of letters and numbers. Your Password must be between 7-20 characters and **MUST** contain a combination of letters and either numbers or special characters (except the @ sign). User IDs and Passwords are case sensitive.

User ID

Password

Re-enter Password

Account Recovery

Compose a question and answer for account recovery purposes. [Click here for Guidelines.](#)

Secret Question

Answer to Secret Question

After the Security Administrator chooses his/her unique ID and password, the s/he will receive an email with a link to confirm his/her registration.

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<http://access.wi.gov/partners>

The Security Administrator will then be able to login to ACCESS for Partners/Providers with his or her new ID.

Welcome Partners and Providers!

Partners/Providers

Click on the picture to enter the ACCESS for Partners and Providers application to assist pregnant women and/or children temporarily enroll in BadgerCare Plus.

[Click here](#) if you are a Wisconsin Medicaid provider interested in helping pregnant women temporarily enroll in BadgerCare Plus.

[Click here](#) if you are a community partner or Wisconsin Medicaid provider interested in helping children temporarily enroll in BadgerCare Plus.

Welcome Employees!

Employees

You can soon submit or update your health insurance information through the Employer Verification of Health Insurance self-service application.

[Click here](#) to fill out the Employer Verification of Health Insurance form using Adobe Adobe Portable Document Format (PDF).

[Logout](#)
[Help](#)
[FAQ](#)

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User Account Set Up

Help

Set Up Your User Account

Please enter the information below to set up your user account by completing sections 1 and 2 below. If you are an administrator, you must complete sections 1, 2 and 3. When you have completed the appropriate sections, click the submit button.

Section 1 - User Information

* First Name:

Middle Initial:

* Last Name:

* Date of Birth: mm/dd/yyyy

* SSN:

* Address:

* City:

* State:

* Zip Code:

* Phone Number:

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All new users will be required to complete the User Account Set Up page. Section 1 asks for basic user information.

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Section 2 - Provider Information

* Which provider(s) do you belong to? Please enter the provider ID in the box below. Click the 'Add' button to add multiple provider IDs.

Provider ID:

Delete

Add

Section 2 asks for the Partner/Provider ID number which was mailed to the agency's security administrator

Note: Each authorized staff member will be asked to enter the organization's Partner/Provider ID number *the first time they use the system.*

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Section 3 - For Administrators Only

Please enter your one-time use PIN below. This is used to setup a new organization in ACCESS for providers and partners. If you don't know your PIN and need a new one, check the box below.

* Provider ID:

PIN:

Send New PIN ☐

Delete

Add

Submit

Section 3 will be completed by the Security Administrator using the one time use PIN for the organization.

Note: This Section is also used to request a new PIN if one is needed.

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Registration Process for Authorized Users

After the security administrator completes his/her user account set up, s/he can instruct appropriate staff to register themselves as authorized users for the partner/provider organization using the following steps:

Note: Once the individual users register themselves, The security administrator can then authorize staff to assist children and/or pregnant women with Express Enrollment through the ACCESS for Partners and Providers system.

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<http://access.wi.gov/partners>

ACCESS WISCONSIN

THIS WEBSITE SHOULD ONLY BE USED FOR TESTING AND TRAINING. ** Wednesday October 24, 2007

Welcome Partners and Providers

Welcome Employees

Click here to log in

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To begin the registration process, staff should click on this link.

YOU ARE ONLY AUTHORIZED TO ACCESS THIS WEBSITE

State of WISCONSIN

Please log in

User ID

Password

WARNING: This system is for authorized users only; system access is monitored. By using this system you expressly consent to this monitoring. Unauthorized use of, or access to, this system may subject you to criminal prosecution and penalties.

Login

Forgot your password? Is your account locked? Click here

Request a Wisconsin User ID and Password

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Each first time user will need to use this link to register and create a unique user ID and password.



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User Account Set Up

Set Up Your User Account

Please enter the information below to set up your user account by completing sections 1 and 2 below. If you are an administrator, you must complete sections 1, 2 and 3. When you have completed the appropriate sections, click the submit button.

Section 1 - User Information

* First Name:

Middle Initial:

* Last Name:

* Date of Birth: mm/dd/yyyy

* SSN:

* Address:

* City:

* State: < click here to choose >

* Zip Code:

* Phone Number:

Each new user will be required to complete the User Account Set Up page. Section 1 asks for basic user information.

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Section 2 - Provider Information

* Which provider(s) do you belong to? Please enter the provider ID in the box below. Click the 'Add' button to add multiple provider IDs.

Provider ID:

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Section 2 asks for the Partner/ Provider ID number which was mailed to the agency's security administrator

Note: Each authorized staff member will be asked to enter the Partner/Provider ID number *the first time they use the system.*

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Registration Process for Authorized Users

The Registration Process for a new authorized user is complete.

The next step is for the Security Administrator to grant appropriate access to the registered authorized users by completing the following steps:

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WISCONSIN

Home | User Search | Application Search | Logout

THIS WEBSITE SHOULD ONLY BE USED FOR TESTING AND TRAINING ** Monday November 26, 2007

Hi! Hello, Drew. You are logged in.

Currently Working At: Boys and Girls Clubs - Waukegan

ACCESS Landing Page

ACCESS for Partners and Providers

Wellpoint! Please click one of the buttons to tell us what you would like to do. Then click the Next button at the bottom of the page.

☐ Search for users from my organization (this will allow you to update their access privileges)

☐ Search for Applications

☐ Submit Express Enrollment for Pregnant Women

☐ Submit Express Enrollment for Children

☐ Update my location

Here, the administrator can search for staff members who have registered and should be granted access to use the express enrollment tool.

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Hi! Hello, Drew. You are logged in.

Currently Working At: PLANNED PARENTHOOD - WISCONSIN (DELOTTE)

User Search Results

Search Criteria

First Name

Date of Birth

Type of User

All

Mobile

Initial

Agencies

PLANNED PARENTHOOD - WISCONSIN (DELOTTE)

Last Name

Search Results

Select the user you wish to view and click the GO button.

Name	Type of User	Date of Birth	Select
Shawkins, Kelly K	Existing	02/11/1975	(Go)
Shawkins, Kelly K	Existing	10/10/1975	(Go)
Carter, Drew	Existing	05/01/1980	(Go)
Carter, Drew	Existing	05/01/1982	(Go)
Charles, Nancy	Existing	10/01/1982	(Go)
Cutler, Gabriela	Existing	07/01/1981	(Go)
Kassil, Gailia	Existing	09/17/1981	(Go)
Mohamedkhan, Madhumani	Existing	10/10/1977	(Go)
Morgan, Gopal	Existing	05/01/1980	(Go)

The security administrator will then select the user from the list of registered users.

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Hi! Hello, Drew. You are logged in.

Currently Working At: Boys and Girls Clubs - Waukegan

User Access Details

User Details

Name

Gutierrez, Gabriela

Date of Birth

07/02/1981

Address

4400 Estrada Dr

Please select the type of access this user should have for each of the following locations.

Make All Users Only

Make All Users Select Submit

Make All Users Access

Planned Parenthood - Madison(25633781818)

Express Enrollment for Children

View/Enter/Submit

☒ Make this user an administrator for this location (Making this user an administrator gives this person 'System Access' regardless of the option selected above for Planned Parenthood - Madison)

Planned Parenthood - Milwaukee(25633781818)

Express Enrollment for Children

View/Enter/Submit

☒ Express Enrollment for Pregnant Women

View/Enter/Submit

☒ Make this user an administrator for this location (Making this user an administrator gives this person 'System Access' regardless of the option selected above for Planned Parenthood - Milwaukee)

The security administrator then chooses the type of access the user should have. This completes the process to grant access for an authorized user.

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Once a user has been granted access to the program by the security administrator, s/he will be able to login at: <http://access.wi.gov/partners> to use the ACCESS for Partners/Providers express enrollment tool.

Hello, Megan. You are logged in.

Location Selection

Locations

You have access to multiple locations for which you are currently processing applications.

- ☐ Planned Parenthood - Milwaukee
- ☐ Planned Parenthood - Madison North
- ☐ Planned Parenthood - Madison Central

Next

The screenshot shows a web application interface. At the top, there is a blue header with the word "ACCESS" in white, where the second 'C' is stylized with a red cross. Below the header, a message says "Hello, Megan. You are logged in." To the right of this message is a "Help" button with a red cross icon. The main section is titled "Location Selection" and contains a sub-section "Locations" with a list of three radio button options: "Planned Parenthood - Milwaukee", "Planned Parenthood - Madison North", and "Planned Parenthood - Madison Central". Below the list is a "Next" button with a green arrow icon. A large text box at the bottom of the interface contains the text: "To begin the application process, the authorized user will choose the location where s/he is currently working." The bottom of the screen has a blue footer with the text "Express Enrollment for Partners and Providers" on the left and the number "29" on the right.

Individual Information

Type of Care Phone or Fax Number Email Address

I am a ☐ Parent or guardian ☐ Partner or provider ☐ Social Service Worker ☐ Court Appointed Guardian ☐ Other

Identifying Information for Child 1

First Name Last Name Middle Initial Printed Name

Date of Birth Sex ☐ Male ☐ Female

Gender ☐ Male ☐ Female

Identification Type

Social Security Number

Provides MA ID ☐

Is this child a U.S. Citizen? ☐ Yes ☐ No

Is this child currently receiving Wisconsin Medicaid or BadgerCare Plus? ☐ Yes ☐ No

The child the parent, guardian, or other caretaker listed above

[Add another child, click the ADD button](#)

Complete all pages of the express enrollment application for BadgerCare Plus. The application for pregnant women is very similar to the application for children.

The Individual Information Page collects information about all the individuals in the household.

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Identifying Information for Child 2

First Name

Middle Initial

Last Name

Delete

Date of Birth

mm/dd/yyyy

Identification Type

Social Security Number

OR

PseudoAAA ID

Is this child a U.S. Citizen?

Yes

No

Is this child currently receiving Wisconsin Medicaid or BadgerCare Plus?

Yes

No

This child

< click here to choose >

the parent, guardian, or other caretaker listed above.

If the applicant is not related to this child, please select the option that best describes the applicant's role.

legal guardian

other caretaker

If the applicant under the applicant's care and control?

Yes

No

To add another child, click the "ADD" button.

ADD

Household Information

How many people are in your household? If you need more information about the term "household," click here for a definition.

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Individual Information

Contact Information

Insurance Details

Provider Signature

Client Signature

Results

Typical PE for Children

Updated on: 04/16/2007

Applicant: Jessa Smith

Updated by: Megan Winkehl

Home Address

Please tell us where you live.

Street address or P.O. Box number

Apartment or unit number

City

State

Zip code

What county do you live in?

< click here to choose >

If you belong to a tribe, please select it from the dropdown.

< click here to choose >

Where do you want your application to be sent?

County

Tribe

Mailing Address

Different than home address.

Street address or P.O. Box number

Apartment or unit number

City

State

Zip code

The Contact Information page gathers home and mailing addresses as well as various other contact methods.

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Contact Information

Please tell us how we can get in touch with you. For the phone numbers, please be sure to include area codes. If you don't have one of the items we ask for, just leave it blank.

Home Phone

Work Phone

Cell Phone

Message Phone

Email Address

What is the best way to get in touch with you during the weekday?

< click here to choose >

What is the best time to call you during the weekday?

< click here to choose >

Back

Save & Exit

Next

Legal Notices

Privacy Notice

Accessibility Notice

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Summary of Contact Information

Home address:

3010 Down Road
Apt B
Madison WI 53704

County:

Down

Title:

None

Mailing address:

None

Home phone:

608/233.3838

Work Phone:

None

Cell Phone:

608/233.3838

Message phone:

None

Email:

janesmith@yahoo.com

Best way to contact:

Cell Phone

Best time to contact:

Evening

Summary of Income Details

Total monthly gross earned income:

\$2000.00

Total monthly gross unearned income:

\$200.00

Total monthly gross income:

\$2200.00

Monthly amount of obligated child support ordered by the court:

\$200.00

Total net income:

\$2000.00

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Summary of Eligibility

The following individuals are temporarily eligible for BadgerCare Plus.

- Jen Smith
- Dobby Smith

Client Authorization Box

I, Jane Smith, understand that the child(ren) I am applying for are temporarily eligible for BadgerCare Plus. I understand this eligibility ends 07/30/2007 and to continue the BadgerCare Plus eligibility, I must apply online, by mail, or by contacting my local county or tribal agency. Megan Krespel has informed me of the rights and responsibilities under this program.

First Name:

Middle Initial:

Last Name:

Jane enters her electronic signature.

Back

Submit

Once the customer has reviewed the information, s/he must electronically sign the application by checking the Client Authorization Box and entering his/her name.

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Individual Information

Print All Fee Details

Application: Jane Smith

Updated on: 11/27/2007

Updated by: Doree Carter

Summary of Enrollment

The following individuals are temporarily enrolled in BadgerCare Plus:

- Jane Smith
- Samuel Smith

Submitted

Thank You! This application is now complete. To print a copy of the notice, please click the button below. If the child(ren) is enrolled, the notice will contain the BadgerCare Plus Express Enrollment identification card. Once Carter, you must print this notice and present it to Jane Smith.

Print Notice

Print Application Summary

The Application Summary and Notice are available in Adobe Portable Document Format (PDF) and require Adobe Acrobat Reader to view and print. [Click here to download Adobe Acrobat Reader.](#)

From the Results Page, the provider must print the Application Summary and the Notice (which will include the temporary card for enrolling members).

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[illegible]

ACROSS

Application Summary continued.

→ Jane Smith
→ Sarah Smith

Provider Authorization

I, Drew Carter, certify that the information entered in this application is based on the information given to Jane Smith, whom I have informed of the rights and responsibilities under the BadgeCare Plus program. I also understand that I must print the notice at the end of this application and provide a copy to Jane Smith.

→ Drew Carter
Date Signed: 11/27/2007

Client Authorization

I, Jane Smith, understand that the child(ren) I am applying for are temporarily eligible for BadgeCare Plus. I understand this eligibility ends 12/31/2007 and to continue the BadgeCare Plus eligibility, I must apply online, by mail, or by contacting my local county or tribal agency. Drew Carter has informed me of the rights and responsibilities under this program.

→ Jane Smith
Date Signed: 11/27/2007

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Page 2

<http://access.incometech.com/partners>

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[illegible]

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About Express Enrollment

- If time does not allow for completion of an application for ongoing benefits at the time of Express Enrollment, encourage the member to apply through access.wi.gov, or by contacting his/her local county/tribal agency.
- If the person does not meet Express Enrollment requirements, s/he may still be eligible for benefits and should be encouraged to apply through access.wi.gov or with the local county/tribal agency.

ACCESS

ACCESS Resources

- BadgerCare Plus:
<http://www.badgercareplus.org>
- Brochures, posters and referral cards
– <http://dhfs.wisconsin.gov/em/access/publications.htm>
- Questions or comments about ACCESS?
 - Technical help
 - Contact information
